



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

THOMAS D. WATKINS, JR.
SUPERINTENDENT OF
PUBLIC INSTRUCTION

**FISCAL YEAR 2002
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #15**

TO: Child and Adult Care Food Program Sponsors
FROM: Peggy Pawelek Brown, Manager
Food and Nutrition Program
DATE: July 17, 2002
SUBJECT: NEW REIMBURSEMENT RATES - EFFECTIVE JULY 1, 2002

The following reimbursement rates are in effect for the period of July 1, 2002 through June 30, 2003:

CATEGORY	BREAKFAST	LUNCH/SUPPER	SNACK
Category A Child	\$1.17	\$2.14	\$.58
Category B Child	\$.87	\$1.74	\$.29
Category C Child	\$.22	\$.20	\$.05
<i>An additional \$.1525 cash-in-lieu of commodities is paid for each lunch and supper. served.</i>			

The July 2002 Claim for Reimbursement will reflect the new rates.

If you have any questions regarding this memo, please contact:

Jacki Higdon, Financial Administrative Assistant
Fiscal Management
Office of School Support Services
Michigan Department of Education
P. O. Box 30008
Lansing, MI 48909
(517) 373-7391

^Please keep this memo on file or in a notebook for quick and easy reference!!

PPB/glm

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Reimbursement Computation Worksheet For Center Sponsors

Claim Month _____ Year _____

Meal Type	Category	Number of Reimbursable Meals Served	Reimbursement Rate (effective through 6/30/2003)	Meal Reimbursement	Non-reimbursable meals/snacks			
					Number	AA@ Rate	Total	
Breakfast	A		1.17	\$		1.17 =		
	B		.87	\$				
	C		.22	\$				
	1. Total Breakfast Reimbursement				\$			
	Lunch	A		2.14	\$		2.14 =	
B			1.74	\$				
C			.20	\$				
Total Number of Lunches								
2. Total Lunch Reimbursement				\$				
Supper	A		2.14	\$		2.14 =		
	B		1.74	\$				
	C		.20	\$				
	Total Number of Suppers							
	3. Total Supper Reimbursement				\$			
Snack	A		.58	\$.58 =		
	B		.29	\$				
	C		.05	\$				
4. Total Snack Reimbursement				\$				
Cash-in-Lieu	Total Number of Lunches							
	Total Number of Suppers							
	5. Total Lunches + Suppers		H.1525 (cash-in-lieu)	\$				
6. TOTAL Meal Reimbursement (1+2+3+4+5) \$								
	7. Value of non-reimbursable meals (Totals of the far right columns of this form breakfast, lunch, supper, snack)			\$				
	8. Food Service Operation Expenses (Line 6 minus line C of the claim minus Line 7 of this form)			Line 6 of the claim	Line C of the claim	Line 7 of this form	Net expenses	
					-	-	=	
VALUE OF CLAIM FOR REIMBURSEMENT: (The lesser of line 6 or line 8 of this form.)				\$				

